



INSTRUMENT FOR IMPLEMENTING THE NURSING PROCESS DURING OSTOMATE CONSULTATION: AN EXPERIENCE REPORT

Rosaura Soares Paczek*

Thiago Kroth de Oliveira**

Luisa Zadra Passberg***

Ana Karina Silva da Rocha Tanaka****

Letice Dalla Lana*****

ABSTRACT

Objective: to report the experience on the development of an instrument implemented in the Nursing consultation with ostomate patients. **Material and method:** an experience report by nurses, nursing students, and professors, at a stomal therapy reference center in the South of Brazil, carried out through face-to-face meetings, with the search for instruments standardized in other services, theoretical deepening on possible diagnoses, interventions, and outcomes of Nursing to the person with ostomy; socialization with the Nursing team on the instrument and its relevance in clinical practice. **Results and discussion:** the use of an instrument demands the articulation of theory versus practice, as well as the understanding of particularities arising from the ostomy patient. The applicability of the instrument reinforced the importance of knowledge, skill, and attitude in collecting data, performing anamnesis, and physical examination, listing possible nursing diagnoses, associating results, and predicting nursing interventions with the patient. **Conclusions:** the implemented instrument proved to be appropriate for the nursing consultation as it resulted in an improved approach to the ostomy, in addition to allowing for a complete, targeted, and organized data collection, which allows for a better familiarity with the patient, the creation of a bond, and the identification of problems, thus facilitating the definition of nursing diagnoses, planning, implementation, and evaluation of care.

Keywords: Nursing processes. Nursing care. Office nursing.

INTRODUCTION

The stomal therapist nurse is dedicated to improving and using his technical-scientific knowledge to, through the Nursing Process (NP), provide qualified care, which includes the diagnosis and planning of nursing actions, in addition to monitoring and evaluating the patient's progress⁽¹⁾. The legislation instituted by class entities highlights the importance of the NP for the profession. Thus, the first legislation on the practice of Nursing Care Systematization (NCS) was obtained by COFEN's Resolution No. 272/2002, which determines the implementation of NCS in all public and private health institutions⁽²⁾.

The Federal Nursing Council (COFEN), through Resolution No. 358/2009, regulates the implementation of the NP in all public and private environments that perform nursing care,

where nurses must perform and evaluate the NP, since, commonly, there have been professionals who consider the NP to be different from Nursing Consultation^(1,3,4).

In Reference Services of the Sistema Único de Saúde (SUS) [Brazil's Unified Health System], care begins with the registration of the ostomate patient so he can receive collection equipment and adjuvant materials, and the user's first appointment is also scheduled for evaluation with the stomal therapist nurse. In this sense, the development of instruments for use in nursing consultations facilitates data collection, allowing nurses to identify problems and needs, determine diagnoses, plan, implement, and evaluate their assistance⁽⁵⁻⁷⁾.

An ostomate is an individual who has undergone a surgical procedure, through which a small opening was made in a certain part of the body, allowing communication with the outside

*Nurse, Master's student in Collective Public Health at Universidade Federal do Rio Grande do Sul (UFRGS). Porto Alegre City Hall. Porto Alegre, RS, Brazil. Email: rspaczek@gmail.com. ORCID ID: <https://orcid.org/0000-0002-4397-1814>.

**Nurse, Unidade Básica Diretor Pestana. Porto Alegre, RS, Brazil. Email: thiagokroth@gmail.com. ORCID ID: <https://orcid.org/0000-0002-7930-815X>.

***Nurse, Porto Alegre, RS, Brazil. Email: luisapassberg@hotmail.com. ORCID ID: <https://orcid.org/0000-0002-8934-834X>.

****Doctor, UFRGS, Porto Alegre, RS, Brazil. E-mail: anakarinatanaka@gmail.com. ORCID ID: <https://orcid.org/0000-0003-2488-3656>.

*****Doctor, Universidade Federal do Pampa, Urucuiânia, RS, Brazil. Email: letice.lana@gmail.com. ORCID ID: <https://orcid.org/0000-0002-9624-0152>.

environment. Such procedure is done to divert the path of elimination of products such as feces, urine, among others, and may be temporary or permanent⁽⁵⁾. The ostomate often needs a period of adaptation to his condition as the presence of a stoma results in physical changes and can also cause psychological and body image changes. Such an individual needs to incorporate new daily routines into his life that include self-care and continuation of his professional, social, and interpersonal activities^(5,8). In this sense, the systematized and qualified monitoring by health professionals, whenever possible, in a multiprofessional way, is essential.

The participation of nurses in the elaboration of the planning of care for the prevention of complications is essential in the implementation of appropriate guidelines, assisting in the rehabilitation and improvement of the quality of life of ostomates. With the NP, nursing care is based on the client's responses, on how he or she reacts to health problems, treatment, and changes in daily life, ensuring that interventions are designed for the client and not for the disease^(3,5).

The NP is a methodological tool used for nurses' care actions, who verify problems and needs, plan, implement actions, and evaluate results. Thus, the NP allows nurses to get closer to the person while providing care, revisiting ideas proposed by Florence Nightingale, in which care earned specificity in the division of labor, being recognized as a necessary and useful activity for society and that, for its exercise, special training and knowledge were required to support professional action⁽¹⁾. And thus emerged the struggle of Nursing for its own improvement and for its recognition as a scientific process⁽⁴⁾.

Such process involves a sequence of specific steps, as to consider the particularities of each individual: obtaining information (data collection/nursing history); nursing diagnosis; planning, establishing priorities and goals; intervention, that is, the implementation of what was planned and, finally, evaluation, which constitutes the stage of checking the outcomes against desired goals. Conditions, materials, and human resources with technical and legal competence must be organized for its implementation⁽²⁾.

Health care is provided by several professionals, with physicians using the International Classification of Diseases (ICD) taxonomy; psychologists, psychiatrists, and other mental health professionals using the Diagnostic and Statistical Manual of Mental Disorders (DSM). Nursing has several classification systems, the most widely used being the Nursing Diagnostic Taxonomy of NANDA International Inc. (NANDA-I), with 244 nursing diagnoses grouped into 13 domains and 47 classes⁽⁹⁾. It is known that the nursing diagnosis is part of the nurses' clinical evaluation, based on the responses of the individual, family, or community in relation to problems or potential risks to their health⁽¹⁰⁾.

The NP is the dynamics of systematized and interrelated actions aimed at assisting the human being. It is a technological instrument that favors and organizes the conditions for the provision of care and to document professional practice and can be considered the main methodological model for the systematic performance of Nursing actions^(3,5).

The NCS is a term distinct from the NP and, although they are often used interchangeably, the NCS includes the NP and the latter represents the operationalization of care from the application of systematized steps. In view of the concept of NCS, the concept of NP is articulated, that is, implementing the NCS does not mean that everything is being immediately organized so that the steps of the NP occur more fluidly.

The development of an instrument to be used during the Nursing consultation facilitates, expedites, and allows data to be collected, because most of the data can be marked on the instrument, which reduces the time to fill them out, thus allowing the nurse additional time for: identifying problems; determining diagnoses; planning and implementing care. These data are collected during the interview, physical examination, and chart review⁽¹¹⁾.

The absence of an instrument to assist the implementation of the NP in the outpatient clinic justifies the construction, validation, and implementation of the instrument in the service. Thus, this study is justified by the authors' experience in the development, validation, and implementation of an instrument to assist the NP

in a service. This study is important because the development of an instrument used in the Nursing consultation of ostomates can facilitate data collection, allowing nurses to identify problems, determine diagnoses, plan, and implement their assistance and, especially, provide quality care management.

Thus, the objective of this study is to report the experience on the development of an instrument implemented in ostomates' Nursing consultation.

METHOD

Descriptive, experience report type study, on the development of an instrument to assist in the implementation of the NP during the nursing consultation, in a SUS Reference Service for ostomates in southern Brazil. This service, specialized in the care of people with ostomies, has 617 registered patients who receive monthly collection and adjuvant equipment, obtaining, on average, 100 nursing consultations per month. The staff includes a stomal therapist nurse, a coloproctologist, a nutritionist, nursing assistants, and an administrative employee. Items were chosen to be filled out by the nurse during the first consultation with the ostomate. This instrument was applied by the nurse along with two academics, three professors, and a Public Health Nursing resident to all patients in their first Nursing consultation at the study service, carried out between 2017 and 2018.

The initial instrument creation took place in 2017, based on the service demands to adequate the Nursing consultation for the implementation of the NP. It is noteworthy that, previously, during the nursing consultation, a description of the patient's history was made in the medical record, leading to inconsistencies such as slowness and incomplete data collection. With the development of the instrument, this step was facilitated, featuring fields for entering information such as identification and clinical data, patient's brief history, physical examination with characteristics of the stoma, additional data, medical diagnosis, treatment performed, observations, and expected results.

The first draft of the instrument was obtained through face-to-face discussions between the nurse, teachers, and students of the Nursing

course with the purpose of extracting the main reasons for seeking the service, identification data, clinical data, additional data, data on the stoma, diagnosis, treatment, and results. The second step was the search for standardized instruments in clinical practice and scientific evidence, which could support the development of the instrument.

The reviewed scientific evidence included the standardized instruments in reference institutions for ostomy patients and different theoretical references using the Theory of Human Needs, as adapted for Nursing by Wanda Horta, aiming at the greater comprehensiveness of the instrument as to the health needs of the person inserted in a context of life and health. Data collection in different instruments determined diagnoses, outcomes, and Nursing interventions widely used among patients with stoma⁽¹²⁾.

It is noteworthy that the NANDA-I Nursing Diagnoses, NOC outcomes, and NIC interventions were standardized, in view of their visibility in the health context of the service, the location of the study. Furthermore, in the search for theoretical references, a marked number of publications subsidized by the NNN classification were evidenced^(13,14).

The first instrument was created by the authors and passed to the nurse of the service. After 15 days, the nurse returned with suggestions for improvements such as the inclusion of a field for observations, faith/religion, feeding and hydration, diagnoses, treatments, and results. However, it is noteworthy that this instrument underwent constant adjustments in its layout as the instrument was applied between the years 2017 and 2018.

The NP should be conducted formally, organized into five interrelated, interdependent, and recurring steps: data collection, nursing diagnosis, planning, implementation, and nursing assessment. Data collection or the Nursing History can be performed with the aid of varied methods and techniques with the purpose of obtaining information about the person in the health and disease process⁽³⁾.

Later, the instrument was reprinted and offered to two nurses from other health services that care for ostomates in the city, and its final version was validated by two experts in the area

of stomal therapy Nursing. The elaborated instrument proposes to help in the Nursing consultation, favoring the collection of data, which contributes to a better planning of care, leading to the promotion of health and recovery of the patient. More precisely, the use of the instrument allows for the implementation of the NP during the nursing consultation with the patient with a stoma.

This research followed the precepts of Law No. 9610/98, to preserve and respect the ideas, concepts, and definitions of the authors of the analyzed productions that formed the basis for the construction of the instrument⁽¹⁵⁾.

RESULTS AND DISCUSSION

The instrument (Figure 1) was built by the authors due to the need of having a script to perform the Nursing consultation that contemplated all the necessary information, being easy to fill out. After being tested by the authors for 30 days, it was evaluated and some adjustments were made. The instrument covers identification, clinical, and surgical data, previous history, pre-existing diseases, life habits - such as nutrition and hydration -, acceptance or not of the current condition, type of equipment used and who is responsible for changing the equipment, if they have someone to help them cope with the situation, in addition to data from the guided physical exam. This information was collected during the review of the hospital discharge plan and during anamnesis and physical exam performed during the consultation. On the form, there is also a specific field to select the identified nursing diagnoses and the planning of actions to be performed.

It is noteworthy that the diagnoses, results, and nursing interventions were included from the materials used in the preparation of the instrument, and according to the demands raised by the service and/or the nurse during clinical practice. It should also be highlighted that the interventions are in line with the interventions in stomal therapy of SOBEST (Brazilian Association of Stomal Therapy) which follows the Nursing Interventions Classification (NIC). The Nursing Diagnoses were extracted from the North American Nursing Diagnosis Association (NANDA, 2015) based on the signs and

symptoms identified in the patients. While the outcomes were extracted from the Nursing Outcomes Classification (NOC)⁽¹⁶⁾.

The data that make up the form was discussed among the authors at different moments, and changes were made until arriving at the proposed form. This, in turn, was analyzed by three stomal therapist nurses who care for ostomate patients in other health services and found to be applicable in clinical practice.

With the use of the instrument, the authors observed an improvement in the approach to the ostomate patient, since its application allowed for a complete, guided, and organized collection of data, which contributed to a better knowing of the patient and in identifying problems, enabling better bases for the definition of nursing diagnoses and the planning of care for later implementation and evaluation of the results achieved. There was also a greater satisfaction of the nurse with the care provided, bringing it closer to the care which had always been desired.

Studies mentioned difficulties in the implementation of the NP in health services, considering that its success often results from the adoption of a work process that redefines the roles of the actors involved, delimits activities, requires specific scientific knowledge, and service reformulations⁽¹⁴⁻¹⁸⁾. Another study supported that the weaknesses in the application of the NP are related to the deficiency of staff dimensioning, absence of an information system, lack of supplies, and lack of knowledge of professionals towards the NP⁽¹⁹⁾.

However, the present study can be pointed out as a successful initiative to implement the NP, which sought to create conditions for the organization of the service in question to make it effective to provide dignified, competent, and resolute care, based on the needs presented by each individual.

Thus, it enables an approximation of the nurse with the client in the provision of care, being recognized as an indispensable and beneficial activity for society and that, for its exercise, special training and knowledge that underlie professional actions are indispensable⁽¹⁾. And thus emerges the struggle of Nursing for its own improvement and for its recognition as a scientific process⁽²⁾.

NURSING PROCESS FOR THE FIRST CONSULTATION OF OSTOMATES	
Medical record: _____	Consultation Date: _____ SUS Card: _____
1. Identification Data:	
Name: _____	DOB: _____
Phone Number: _____	Sex: () Male () Female
Profession/occupation: _____	faith/religion: _____
Race: () White () Black () Brown () Yellow () Indigenous	
Education: () Illiterate () Elementary School - Incomplete () Elementary School	
() High School - Incomplete () High School () Higher Education - Incomplete () Higher Education	
2. Clinical Data:	
Date of surgery: _____	Hospital: _____ () Elective () Emergency
Doctor: _____	Diagnoses: _____ () Temporary () Permanent
Related diseases: () DM () HBP () Cardiopathy () Nephropathy () Neurological () HIV	
() HCV () Others: _____	
Diet: () Regular () Restrictions. Which: _____	
Hydration: () Regular () Restrictions. Which: _____	
Allergies: _____	Weight Loss: () Yes () No. How Much: _____
Tobacco Use () Yes () No. Observations: _____	Alcohol Use () Yes () No Observations: _____
History: _____	
3. Stoma:	
() Colostomy	
() Ileostomy	
() Urostomy	
() Other: _____	
Diameter: _____	
Stoma conditions:	
() Normal () Prolapse () Flat () Retracted () Mucocutaneous Separation	
() Slightly protruded Observations: _____	
Stoma () Loop () End () Double Barrel	
Peristomal skin: () Intact () Dermatitis Observations: _____	
Effluent: () Liquid () Semiliquid () Pasty () Semi-pasty Observations	
Abdomen: () Flat () Distended () Globose () Flabby () Painful () Other: _____	
4. Additional Data:	
Exchanges Bag: () By His/Herself () With Help () Caregiver	
Adjuvant treatment: () QT RT () Observations: _____	
Mobility: () Walking () Requires Assistance () Does Not Walk Observations: _____	
Attitude towards condition: () Fear () Insecurity () Acceptance () Revolt () Others: _____	
How does the family cope with the current situation? _____	
Makes use of irrigation: () Yes () No Observation: _____	
5. Nursing Diagnosis:	
() Risk of infection	
() Bowel incontinence	
() Impaired urinary elimination	
() Risk of deficient fluid volume	
() Impaired tissue integrity	
() Risk of impaired skin integrity	
() Risk of low situational self-esteem	
() Risk of electrolyte imbalance	
() Ineffective control of the therapeutic regimen	
() Ineffective health care - ineffective individual coping	
5. Treatment performed:	
() Assess the conditions of the peristomal skin, ostomy, and if there are any complications	
() Reinforce orientation	
() Referral to another professional	
() Encourage and help with the return to social participation, association with other ostomates, or self-help groups	
() Prescribe stoma therapy equipment and treatments in the presence of complications	
() Provide training for self-irrigation and use of occluder equipment	
() Provide patient with information about his/her condition	
() Discuss changes in lifestyle	
() Educate the patient about the signs and symptoms that should be reported to the care provider	
() Discuss the process of behavior change with the patient and family member	
() Encourage family members' involvement in changing habits	
() Maintain sessions for a longer period - personal contact	
Observations: _____	
6. Expected results:	
() Risk control	
() Self-care: hygiene, knowledge, treatment procedure	
() Adaptation to physical disability	
() Psychosocial adaptation to life change	
() Risk detection and control	
() Moisture balance/hydration	
() Tissue integrity: skin and mucosa	
() Stoma self-care	
() Acquiring coping mechanisms	
() Knowledge of the treatment regimen	
() Treatment behavior: disease or injury _____	
Nurse: _____	COREN: _____

Figure 1. Nursing Process for the first consultation of ostomates

The elaboration and improvement of the instrument in the authors' clinical practice provided a better approach to the patient, with a more complete, faster, and more objective data collection by the nurse, through the identification of problems and potential risks to the health of the ostomate, as well as the planning of care.

It is worth mentioning that the inclusion of the academy in the health service enhanced the application of the instrument, as well as enabled the restructuring of the NP in the health context of the population attended. Thus, it can be inferred that the political participation of teachers alongside undergraduate and graduate students was essential for the success of the implementation of the NP as evidenced in other realities⁽²⁰⁾.

The use of Wanda Horta's Theory had greater relevance in the stages of restructuring the instrument after the feedback of two nurses from other health services that care for ostomate patients in the city. Their feedback showed that the authors had not met the health needs in an individual and humanized way. The nurses, on the other hand, pointed out health specifications to the ostomate patients that can only be observed in practice, but that are inserted in the context of the theorist. Thus, it is observed the relevance of including theories that support the development and validation of health care instruments to the population.

As a limitation of this study, it is an experience report on the application of an instrument elaborated and implemented in a single stomal therapy service, therefore, it needs to be applied in other centers that care for ostomates for a better evaluation.

CONCLUSION

The experience of developing an instrument to be implemented in Nursing consultations with ostomate patients became a fundamental tool to operationalize the NP. The elaboration of the instrument based on scientific evidence and, later, its evaluation by the nurse in clinical practice allowed for the inclusion of essential elements for the advancement of clinical nursing practice.

Based on what was found and analyzed, the instrument served as a guide for nurses, preventing any important data from being left uncollected, making professional practice safer for the realization of the identified necessary individual care, treatments, and expected results. Consequently, the instrument improves and qualifies the care assistance, making professional practice more beneficial and safer.

The implementation of the instrument in Nursing consultations has allowed for a systematic data collection, which leads to an accurate survey of the patient's needs and the definition of diagnoses, constituting a basis for the choice of interventions with which the expected results are projected. Thus, it is possible to guarantee a legal support for the care provided by nurses, leading to the continuity of integral and humanized care.

Such findings reinforce the need to use proposals of instruments such as the one in this study in the routine nursing care in the most varied health care settings, so that they can contribute to the orientation and qualification of Nursing care, improving the health situation of the population being cared for, stimulating self-care, leading the patient to a better quality of life, in short, harmonizing science and practice in the workplace.

INSTRUMENTO PARA IMPLEMENTAÇÃO DO PROCESSO DE ENFERMAGEM NA CONSULTA À PESSOA COM ESTOMIA: UM RELATO DE EXPERIÊNCIA

RESUMO

Objetivo: relatar a experiência sobre a elaboração de um instrumento implementado na consulta de Enfermagem a pacientes com estomia. **Material e método:** relato de experiência vivenciado por enfermeiros, acadêmicos de Enfermagem e professores, em um centro de referência em estomaterapia do Sul do Brasil, realizado por meio de encontros presenciais com busca de instrumentos padronizados em outros serviços, aprofundamento teórico sobre possíveis diagnósticos, intervenções e resultados de Enfermagem à pessoa com estomia, socialização com a equipe de Enfermagem sobre o instrumento e a relevância dele na prática clínica. **Resultados e discussão:** a utilização de um instrumento demanda a articulação teórica versus a prática, bem como a compreensão das particularidades advindas do paciente com estomia. A aplicabilidade do instrumento reforçou a importância do conhecimento, habilidade e atitude em coletar dados, realizar anamnese e exame

físico, elencar possíveis diagnósticos de Enfermagem associando resultados e prevendo intervenções de Enfermagem junto ao paciente. Conclusões: o instrumento implementado mostrou-se apropriado para a consulta de Enfermagem, pois resultou em melhoria na abordagem ao estomizado, além de permitir uma coleta de dados completa, direcionada e organizada, que colabora para um melhor conhecimento do paciente, criação de vínculo e identificação dos problemas, possibilitando a definição do diagnóstico de Enfermagem, o planejamento, a implementação e a avaliação dos cuidados.

Palavras-chave: Processos de Enfermagem. Cuidados de Enfermagem. Enfermagem no consultório.

INSTRUMENTO PARA LA IMPLEMENTACIÓN DEL PROCESO EN LA CONSULTA DE ENFERMERÍA A LA PERSONA CON OSTOMÍA: UN RELATO DE EXPERIENCIA

RESUMEN

Objetivo: relatar la experiencia sobre la elaboración de un instrumento implementado en la consulta de Enfermería a pacientes con ostomía. **Material y método:** relato de experiencia vivido por enfermeros, académicos de Enfermería y profesores, en un centro de referencia en estomaterapia del Sur de Brasil, realizado por medio de encuentros presenciales con búsqueda de instrumentos estandarizados en otros servicios, profundización teórica sobre posibles diagnósticos, intervenciones y resultados de Enfermería a la persona con ostomía, socialización con el equipo de Enfermería sobre el instrumento y la relevancia de él en la práctica clínica. **Resultados y discusión:** la utilización de un instrumento demanda la articulación teórica versus la práctica, así como la comprensión de las particularidades provenientes del paciente con ostomía. La aplicabilidad del instrumento reforzó la importancia del conocimiento, la habilidad y actitud en recolectar datos, realizar anamnesis y examen físico, enumerar posibles diagnósticos de Enfermería asociando resultados y previendo intervenciones de Enfermería junto al paciente. **Conclusiones:** el instrumento implementado se mostró apropiado para la consulta de Enfermería, pues resultó en mejoría en el abordaje al ostomizado, además de permitir una recolección de datos completa, dirigida y organizada, que colabora para un mejor conocimiento del paciente, creación de vínculo e identificación de los problemas, posibilitando la definición del diagnóstico de Enfermería, la planificación, la implementación y la evaluación de los cuidados.

Palabras clave: Procesos de Enfermería. Cuidados de Enfermería. Enfermería en el consultorio.

REFERENCES

1. Santos GL, Santana RF, Sousa AR, Valadares GV. Sistematização da assistência de enfermagem: compreensão à luz de seus pilares e elementos constituintes. *Enferm Foco*. 2021;12(1):168-73. Doi: 10.21675/2357-707X.2021.v12.n1.3993
2. Santos GLA, Souza AR, Félix NDC, Cavalcante LB, Valadares GV. Implicações da Sistematização da Assistência de Enfermagem na prática profissional brasileira. *Rev. esc. enferm. USP*. 2021; 55. Doi: <https://doi.org/10.1590/S1980-220X2020023003766>.
3. Conselho Federal de Enfermagem. Resolução nº 358, de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes públicos ou privados, em que ocorre o cuidado profissional da Enfermagem, e dá outras providências [Internet]. Brasília: COFEN; 2009 [cited 2020 Aug 10]. Available from: http://www.cofen.gov.br/resoluco-cofen-3582009_4384.html
4. Souza GB, Santiago AXS, Santos OP, Pereira BA, Caetano SRS, Santos CC. Sistematização da assistência de enfermagem e processo de enfermagem: conhecimento de graduandos. *Braz J Hea Rev*. 2020 Feb; 3(1): 1250-71. Doi: 10.34119/bjhrv3n1-097
5. Carvalho CMG, Cubas MR, Nóbrega MML. Diagnósticos, resultados e intervenções de enfermagem no cuidado às pessoas com estomia de eliminação intestinal. *Rev Estima*. 2018 ;16, e2218. DOI:10.30886/estima.v16.518_PT
6. Oliveira PBA, Cascimiro TR, Andrade CCD, Rocha RLP. Mapeamento cruzado dos diagnósticos de enfermagem em terapia intensiva cardiovascular, na perspectiva de Callista Roy. *Enferm Foco*. 2021;12(5):998-1004. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/4662/1268>
7. Vale DL, Freire VECS, Pereira LFB. Nursing consultation in people with tuberculosis: proposal of an instrument. *Ciênc Cuid Saúde*. 2020 Oct; 19:e50102. Doi: 10.4025/cienccuidsaude.v19i0.50102
8. Gontijo TG, Borges EL, Ferraz AF, Pires Júnior JF, Spira JAO. Professional activity stomatherapists graduated from the Federal University of Minas Gerais. *Estima, Braz J Enterostomal Ther*. 2019 Aug; 17:01-11. Doi: 10.30886/estima.v17.686_PT
9. Herdman TH, Kamitsuru. editors. NANDA International nursing diagnoses: definitions and classification, 2018-2020. 11th ed. New York: Thieme; 2018.
10. Lima CMF, Cruz ICF. Nursing evidence-based interprofessional practice guidelines for self-care deficit dressing in ICU: Systematic Literature Review. *J Spec Nurs Care* [Internet]. 2019 [cited 2021 Jan 16]; 11(1):1. Available from: <http://www.jsncare.uff.br/index.php/jsncare/article/view/3130/790>
11. Benedet SA, Gelbcke FL, Amante LN, Padilha MIS, Pires DP. Nursing process: systematization of the nursing care instrument in the perception of nurses. *J Res Fundam Care online*. 2016 July/Sept; 8(3):4780-8. Doi: 10.9789/2175-5361.2016.v8i3.4780-4788
12. Tolentino GS, Bettencourt ARC, Fonseca SM. Construction and validation of an instrument for nursing consultation in outpatient chemotherapy. *Rev Bras Enferm*. 2018 Feb/July; 72(2):391-9. Doi: 10.1590/0034-7167-2018-0031
13. Butcher HK, Bulechek GM, Dochterman JM, Wagner CM. NIC: Classificação das Intervenções de Enfermagem. 7th ed. Rio de Janeiro: Gen/Guanabara Koogan; 2020.
- Quality of the documentation of the Nursing process in clinical decision support system. *Rev. Latino-Am. Enfermagem*. 2021;29:e3426. DOI: <http://dx.doi.org/10.1590/1518-8345.4510.3426>.
15. Treviso P, Peres SC, Silva AD, Santos AA. Nursing skills in care management. *Rev Adm Saúde*. 2017 Dec; 17(69):01-15. Doi: 10.23973/ras.69.59

16. Paula MAB, Thuler SR, Silveira NI, Azevedo GR. Intervenções nas Áreas de Abrangência da Estomatoterapia. 2016. Lorena : CCTA. Disponível em: https://sobest.com.br/wp-content/uploads/2020/10/PDF_INTERVENCOES.pdf. Acesso em 17 fev de 2022.
17. Neves RDS, Melo FS, Marques ML de A. Implementação do processo de enfermagem entre estudantes de Enfermagem em uma Unidade de Internação Cirúrgica. *Enfermagem em Foco* 2020;11. <https://doi.org/10.21675/2357-707X.2020.v11.n6.3834>.
18. Barreto MS, Prado E, Lucena ACRM, Rissardo RK, Furlan MCR, Marcon SS. Nursingcaresystematization: the nursing practice of small-sized hospital. *EscAnna NeryRevEnferm*. 2020 Jan/Apr; 24(4):e20200005. Doi: 10.1590/2177-9465-EAN 2020-0005
19. Ribeiro RV, Fausto FN, Benites PT, Corona ARP, Silva VR. Actionresearch in thereconstructionof nurses' knowledgeofthenursingprocess in the hospital area. *New Trends in QualitativeResearch*. 2020 Aug; 3:423-36. Doi: 10.36367/ntqr.3.2020.423-436
20. Benedet SA, Padilha MI, Gelbke FL, Bellaguarda MLR. The modelprofessionalism in the implementation of the Nursing Process (1979-2004). *RevBrasEnferm*. 2018 July/Aug; 71(4):1907-14. Doi: 10.1590/0034-7167-2017-0226

Corresponding author: Rosaura Soares Paczek. Rua Dona Paulina, 35/301, Bairro Tristeza, Porto Alegre, RS, CEP 91920-030. Email: rspaczek@gmail.com.

Submitted: 30/07/2021

Accepted: 01/05/2022